

## West Suburban Health Group Rate Saver Plans - July 2011

BENEFIT	NETWORK BLUE NEW ENGLAND OPTIONS TIERED NETWORK	HARVARD PILGRIM	FALLON COMMUNITY HEALTH PLAN DIRECTCARE & SELECTCARE	TUFTS "NAVIGATOR" TIERED NETWORK
	EPO	EPO	EPO	EPO
	RATE SAVER	RATE SAVER	RATE SAVER	RATE SAVER
	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Lifetime Benefit Maximum	None	None	None	None
Deductible for Non-network Services	None	None	None	None
Coinsurance Out-of-Network	None	None	None	None
Out-of Pocket Maximum	\$2,000/4000 * *Applies to: Inpatient, surgical day and ER copays	\$2,000 Individual \$4,000 Family	None	None
Family Covered	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26
Selection of Primary Care Physician (PCP)	Member must select	Member must select	Member must select	No selection required
Specialist Referrals	PCP must approve	PCP must approve	PCP must approve	No referral required
Providers of Service	<b>HMO BLUE</b> providers in all 6 New England states except in emergencies	<b>HARVARD PILGRIM</b> providers except in emergencies	<b>**SELECT CARE</b> - An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 17,000 providers and 50 hospitals.	<b>TUFTS HEALTH PLAN</b> providers except in emergencies
	Hospital Tiers: Tier 1: Enhanced Tier 2: Standard Tier 3: Basic		<b>*DIRECTCARE</b> - A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals.	
Pre-existing Conditions	No restrictions	No restrictions	No restrictions	No restrictions

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BENEFIT				
INPATIENT				
General Hospital, Mental Hospital^/Substance AbuseFacility^ (semi-private room and board and ancillary services)	Enhanced: \$250 copay^ Standard: \$500 copay Basic: \$500 copay Out-of-state copay: \$250	\$250 copay	\$250 copay per admission (\$1,000 out-of-pocket maximum)	Semi-private room & board & ancillary services - Tier 1: \$150 copay^ Tier 2: \$250 copay
Physician Services	Nothing (Hospital copay applies)	Nothing	Nothing	Nothing
Skilled Nursing Facility	Nothing up to 100 days per year	\$250 copayment for each admission, up to 100 days per year	\$250 copayment for each admission, up to 100 days per year	Nothing up to 100 days per year
Newborn Well Baby Care (Inpatient)	Nothing	Nothing	Nothing	Nothing
OUTPATIENT				
Emergency Room Visits for Emergency or Accident Care	\$75 copay (Inpatient copay applies if admitted)	\$75 copay (Inpatient copay applies if admitted) in Service Area	\$75 copay (Inpatient copay applies if admitted)	\$75 copay (Inpatient copay applies if admitted)
Outpatient Surgery	Enhanced: \$150 copay Standard: \$250 copay \$250 copay State copay \$150 Basic: Out-of-	\$125 copay per outpatient surgery	\$125 copay per outpatient surgery	\$125 copay per outpatient surgery
CT, MRI and Pet Scans	General Hospitals: Enhanced: \$75 copay Standard: \$150 copay \$150 Providers: \$75 copay Basic: Other	Nothing	Nothing	\$75 copay
Hemodialysis	Nothing	Nothing	Nothing	Nothing
Physical Therapy	\$45 copay; up to 60 visits per calendar year	\$20 copay (short-term); up to 90 consecutive days per condition	\$20 copay; up to 20 visits per calendar year	Speech and short-term PT/OT \$20 copay per visit
Office Visits Primary Care Physician (PCP)	Enhanced: \$15 copay Standard: \$25 copay Basic \$45 copay Out-of-state copay \$15	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
Preventive Office Visit - PCP	Nothing	Nothing	Nothing	Nothing

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Medical Care/MentalHealth^/ Substance Abuse^	Enhanced: \$15 copay^ Standard: \$25 copay Basic: \$45 copay Out-of-state copay: \$15	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit

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BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Office Visits Specialist	\$45 copay per visit	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit
OB/GYN Exam	\$15 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
GYN-Preventive Office visit	Nothing	Nothing	Nothing	Nothing
Diagnostic X-ray and Lab	Nothing	Nothing	Nothing	Nothing
Routine Vision Exam	\$0 copay; one visit every 24 months	\$20 copay per visit; one visit per calendar year. \$0 copay for children under 5 years of age	\$20 copay per visit; one visit every 12 months	\$20 copay per visit; one visit per calendar year
Pre-Admission Testing	Nothing	Nothing	Nothing	Nothing
Maternity Care visits	Nothing	Nothing	Prenatal: \$20 copay first visit only; Postpartum: \$20 copay per visit	\$20 copay per visit with a maximum of 10 visits for pre and post natal care, then covered in full.
Dental Services	No coverage	Preventative dental for children under age 12 when authorized by PCP; up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	Family dental coverage: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Preventative dental for children under age 12; Periodic oral exam, cleaning, fluoride treatment and bitewing x-rays once every six months. Full mouth ex-rays once every 5 years. Periapicals as needed. Must choose a dentist from THP directory.
OTHER FEATURES				
Private Duty Nursing (only when medically necessary)	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary
Home Health Care	Nothing	Nothing	Nothing	Nothing
Hospice Care	Nothing	Nothing	Nothing	Nothing
Durable Medical Equipment	Nothing up to \$750 per calendar year  Prosthetics covered in full	20% of HPHC cost	Nothing  20% coinsurance for prosthetic limbs which replace, in whole or in part, an arm or leg.	20% coinsurance

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Ambulance	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary
Radiation Therapy	Nothing	Nothing	Nothing	Nothing
Chemotherapy	Nothing	Nothing	Nothing	Nothing
Chiropractor Visits	\$45 copay per visit. 12 visits maximum per calendar year	12 visit maximum not to exceed \$500 per calendar year	\$20 copay per visit; up to 12 visits per calendar year not to exceed \$500 per calendar year.	\$20 copay per visit; up to 12 visits per calendar year not to exceed \$500 per calendar year.
Prescription Drugs (Inpatient drugs paid in full)	Retail Pharmacy:  Tier 1: \$15.00 copay Tier 2: \$30.00 copay Tier 3: \$50.00 copay (up to a 30-day supply)  Mail Order: (90 day supply) Tier 1: \$30.00 copay Tier 2: \$60.00 copay Tier 3: \$100.00 copay	Retail Pharmacy:  Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay	Retail Pharmacy:  Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay	Retail Pharmacy:  Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)  Mail Order: (90 day supply) Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay
Fitness Benefit	Reimbursement	Reimbursement	Reimbursement	Reimbursement
	Up to <b>\$300</b> reimbursement toward membership or exercise classes at a health club. See plan materials for details.  Enroll in a qualified Weight Watchers® or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.	Fitness reimb up to <b>\$150</b> per subscriber at a Health & Fitness club per calendar year. Must be an active member of HPHC for at least 4 months and an active member of the health facility for at least 4 months. See plan materials for details.	It Fits! Program reimburses families up to <b>\$400</b> per family contract ( <b>\$200</b> for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local & school sports programs.  Other discounts also available. See plan materials for details.	Fitness reimb up to <b>\$150</b> per subscriber at a Health & Fitness club per calendar year. See plan materials for details.
These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.				
* Fallon DirectCare members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO. **FCHP SelectCare members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.				

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<p>The information provided here is an abbreviated description of health plan features. Details of coverage and exclusion are available from each health plan provider. Health plan representatives provided the information for this summary of benefits and the West Suburban Health Group is not responsible for its accuracy.</p>				